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| Case Number: | CM13-0062924 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 09/30/1997 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old female with date of injury of 09/30/1997. The listed diagnoses per [REDACTED] dated 06/24/2014 are: 1. Back pain with radiation. 2. Bilateral knee pain. 3. Bilateral foot and ankle pain. 4. Right wrist sprain, rule out internal derangement. 5. Right elbow pain. 6. Chronic pain syndrome. 7. Morbid obesity. 8. Hypertension. 9. Neuropathic complaints/paresthesia. 10. Plantar fasciitis. 11. Major depressive disorder with panic disorder. 12. Rule out internal derangement of the left knee. According to the progress report, the patient complains of ongoing pain in her wrist, lower back, and knees. She is due to undergo facet rhizotomy of the lumbar spine in the near future. The objective findings show the patient is clinically unchanged. There is tenderness to palpation of the lumbar spine even to light touch of the skin. She has altered gait and biomechanics as a result of her lower extremities as well as her lower back. The patient's current medications are Wellbutrin 400 mg, sertraline 200 mg, clonazepam 0.25 mg, Norco, naproxen, and Flexeril. The treater is requesting 6 urine drug tests between 11/25/2013 and 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 URINE DRUG TESTS BETWEEN 11/25/2013 AND 01/09/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing/Opioid Management Section Page(s): 43.

Decision rationale: The patient presents with chronic wrist, lower back, and knee pain. The treater is requesting 6 urine drug tests. The MTUS Guidelines does not specifically address how frequent urine drug screens should be obtained for various risk opiate users. The ODG Guidelines provide a clearer guideline. For low-risk opiate users, once yearly urine screen is recommended following initial screen within the first 6 months. In this case, there is a request for 6 urine toxicology over 6 months. There is no risk assessment provided. There is no review of the toxicology results. The patient is on opiates and it would be reasonable to obtain 1-2 UDS per year and more frequently if the patient is a high risk. However, 6 consecutive UDS's are not supported by the guidelines. Recommendation is for denial.